

# **FY 2014 - 2015 ANNUAL REPORT**



## **SAN FRANCISCO MENTAL HEALTH BOARD**

**TABLE OF CONTENTS**

	<b>PAGE</b>
<b>A. INTRODUCTION/MISSION</b>	<b>3</b>
<b>B. MEMBERSHIP</b>	<b>4</b>
<b>C. LETTERS FROM CHAIR, VICE CHAIR AND SECRETARY</b>	<b>5</b>
<b>D. SFMHB ACCOMPLISHMENTS/RESOLUTIONS</b>	<b>8</b>
<b>E. MENTAL HEALTH SYSTEM CHANGES</b>	<b>14</b>
<b>F. MENTAL HEALTH SYSTEM NEEDS/RECOMMENDATIONS</b>	<b>20</b>
<b>G. SFMHB PROGRAM REVIEWS</b>	<b>21</b>

## INTRODUCTION

The Mental Health Board (MHB) of San Francisco, established in 1983 in San Francisco, as mandated by the Bronzan-McCorquodale Act within the Welfare and Institutions Code, Section 5600, is responsible for the following:

- Review and evaluate the community’s mental health needs, services, facilities and special problems;
- Review County agreements entered into pursuant to Section 5650;
- Advise the Board of Supervisors and the Director of Community Behavioral Health Services (CBHS) as to any aspect of the local mental health system;
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process;
- Submit an Annual Report to the Board of Supervisors on the needs and performance of the mental health system;
- Review and make recommendations on applicants for the appointment of the director of mental health services prior to the vote by the Board of Supervisors; and
- Review and comment of the County’s/City’s performance outcome data and communicate findings to the California Mental Health Planning Council.

### MISSION

***The Mental Health Board of San Francisco represents and ensures the inclusion of the diverse voices of consumers, citizens, and stakeholders in advising how mental health services are administered and provided.***

***Through its State and City mandates, the Mental Health Board advises, reviews, advocates and educates; with the aim of having that advice integrated, incorporated, and reflected in implementation of mental health policy; with the ultimate goal of ensuring quality mental health services.***

## MENTAL HEALTH BOARD MEMBERSHIP

Seat 1: Christine “Wendy” James	Appointed by Supervisor Avalos
Seat 2: Njon Weinroth	Appointed by Supervisor Yee
Seat 3: Kara Ka Wah Chien, JD, Chair	Appointed by Supervisor Kim
Seat 4: Terezie “Terry” Bohrer, RN, MSW, CLNC	Appointed by Supervisor Chiu
Seat 5: Virginia S. Lewis, LCSW	Appointed by Supervisor Tang
Seat 6: Andre Moore	Appointed by Supervisor Cohen
Seat 7: David Elliot Lewis, Ph.D., Secretary	Appointed by Supervisor Breed
Seat 8: Terence Patterson, Ed.D., ABPP Benny Wong, LCSW	Appointed by Supervisor Campos
Seat 9: Vanae Tran, MS	Appointed by Supervisor Mar
Seat 10: Harriette Stevens, Ed.D.	Appointed by Supervisor Farrell
Seat 11: Adrian Williams	Appointed by Supervisor Wiener
Seat 12: Errol Steven Wishom	Appointed by Board of Supervisors
Seat 13: Deborah Hardy	Appointed by Board of Supervisors
Seat 14: Ellis C. Joseph, MBA	Appointed by Board of Supervisors
Seat 15: Ulash Thakore-Dunlap, Co-Chair	Appointed by Board of Supervisors
Seat 16: Idell Wilson	Appointed by Board of Supervisors
Seat 17: Mark Farrell, Board of Supervisors	Appointed by Board of Supervisors
Staff: Helynna L. Brooke, Executive Director Loy Proffitt, MBA, Administrative Manager	

## Letter from the Chair

As a deputy public defender, I represent clients with severe and chronic mental health issues. The most difficult part of my job is not the challenge of the legal work, but witnessing the stigma my clients are forced to endure.

If I am ever visited by a genie, I already have my three wishes ready:

1. Dignity and respect for individuals with mental health challenges
2. Available treatment for individuals who want to have it
3. Accessible resources such as housing, peer support and vocational training for these individuals to thrive.

While I may dream of genies, the San Francisco Mental Health Board is doing the real work of formulating sensible and sustainable advisory directives to our Board of Supervisors and the Director of Community Behavioral Health Services. Our board members are energized and ready to tackle the challenges ahead.

In 2014, the Board worked diligently in achieving the following:

- Participated in Mayor Lee's CARE (Contact-Assess-Recover-Ensure Success) Task Force.
- Passed a resolution in support of full funding to build a safety barrier to prevent suicides at the Golden Gate Bridge.
- Participated in the Assisted Outpatient Treatment (AOT) Implementation Committee and the development of the AOT Implementation Plan.
- Advocated for the development of peer-staffed and culturally competent programs to support individuals in crisis.
- Passed a resolution to urge our Health Commission and the Board of Supervisors to increase funding of the Mobile Crisis Treatment Team to include peer (mental health consumer) members and expand its overall services to 24 hours a day, seven days a week.

We still have much work to do in shaping the policies regarding mental health and substance abuse services in our county. The continued commitment and dedication of my fellow board members inspires me to dream big and work diligently. It is a privilege to work with them and to serve on the board.

Sincerely,

Kara Ka Wah Chien  
Chair, San Francisco Mental Health Board

## Letter from the Vice-Chair

It has been an honor to be part of the Mental Health Board (MHB) of San Francisco. I have really enjoyed working with the MHB of San Francisco team to explore ways CBHS, the public, and other important stakeholders can better serve the mental health needs of our community. CBHS is doing a wonderful job in providing mental health resources for our individuals and families. However I believe we all need to work together to support their efforts, particularly reducing mental health stigma and increasing access to mental health information in our community. I am a big believer in collaboration – it is through working together and sharing ideas that we can improve mental health and wellbeing for our San Francisco community. Mental health stigma still exists, which prevents community members from accessing the resources they need. Also, it can be daunting and overwhelming to access mental health information and services. This year, the MHB of San Francisco has set up an information and Access to Behavioral Health Services ad hoc committee to explore these issues and exploring ways individuals can access mental health information. We hope to address ways information can be easily accessed and hope the public will work with us tell us how we can achieve this.

Ulash Thakore-Dunlap, MFT  
Vice-Chair, Mental Health Board of the City and County of San Francisco

## Letter from the Secretary

David Elliott Lewis, Ph.D.  
Secretary, Mental Health Board of the City and County of San Francisco

Dear residents of San Francisco,

As a member of the Mental Health Board, as a consumer of our city's mental health services and as an activist for others in need, I have had many good opportunities to recognize what works and what is still in need of improvement.

First, I would like to acknowledge, in fact, exclaim loudly that my city, our city, San Francisco, offers a huge breath and depth of behavioral health recovery services. Many, if not most of these are trauma informed, culturally sensitive and run by caring and committed staff.

What is still needed, however, is getting the word out about these behavioral health services. While there is an excellent and well run 24 hour information access line, many don't even know it exists. Our cities many clinics often hide anonymously without any signage that would inform their surrounding neighbors of the healing that is offered within.

One of my top priorities is to encourage our city's Community Behavioral Health Services (CBHS), now renamed BHS, to help get the message out through a coordinated public relations campaign, a campaign that would advertise these mental health access numbers including the one run by BHS ((888) 246-3333) and the Mental Health Association's peer run Warm Line ((855) 845-7415) and also NAMI's local help line 415-905-6264.

I suggest advertising in places that people in mental health pain or anguish might actually look including billboards, bus stops, MUNI bus sides and short public service radio spots which can be obtained without cost.

I want to also applaud the suggestion made in our May 20th, 2015 Mental Health Board meeting by community member C.W. Johnson who advocated for placing a couple of mental health information kiosks (computer terminals) in the main public library staffed with peers who can assist in their use. This would help overcome the stigma induced barriers that prevent people from using their home or work computers out of fear of their mental health service search being discovered by others.

In sum, while our city has excellent services, unless all those in need know of them, needless suffering will continue.

Respectfully submitted for the city's consideration.

**David Elliott Lewis, Ph.D.**

Secretary, Mental Health Board of the City and County of San Francisco.

Member, San Francisco Mental Health Services Act (MHSA) Advisory Council

Member, SFPD Crisis Intervention Training (CIT) Oversight Group.

Member, SF Department of Public Health's Laura's Law Oversight Board (DPH).

Member, San Francisco Mental Health Education Funds, Board of Directors.

Peer Educator for the Mental Health Association of San Francisco (MHA-SF).

Peer Educator for the National Alliance on Mental Illness (NAMI).

Member, Community Housing Partnership, Board of Directors.

Tenant Advocate, Central City SRO Collaborative.

<https://www.facebook.com/ideaman> ( facebook )

## SFMHB ACCOMPLISHMENTS/RESOLUTIONS

In FY 2015, the MHB met 11 times, including an all-day MHB retreat held in December 2014. Meetings are held in City Hall, in Room 278, from 6:30 to 8:30 P.M. Public participation is permitted and at all meetings public representatives were in attendance. Meeting planning is carried out by the Executive Committee, which consists of the officers, committee chairpersons and staff. Public representatives have also attended Executive Committee meetings. All meetings are in conformance with the Sunshine Laws.

This fiscal year 3 MHB Resolutions were proposed and approved.

- **October 15, 2014**

Resolution (MHB-2014-05): Be it resolved that the Mental Health Board urges the Health Commission and the Board of Supervisors of San Francisco to increase funding of the Mobile Crisis Treatment Team to include peer (mental health consumer) members and expand its overall services to seven days a week, 24 hours a day.

- **February 18, 2015**

Resolution: (MHB-2015-02) Be it resolved that the Mental Health Board has reviewed the San Francisco Assisted Outpatient Treatment Plan.

- **February 18, 2015**

Resolution (MHB-2015-03): Be it resolved that the mental health board urges the Mayor, the Health Commission and the Board of Supervisors to maintain the current budget for Community Behavioral Health Services and retract the requirement of \$8 million in cuts for fiscal year 2015-16.

- **June 17, 2015**

**Resolution:** (MHB 2015-04) Be it resolved that the San Francisco Mental Health Board urges the Board of Supervisors and the Mayor to provide funding for the San Francisco Police Department Crisis Intervention Team, which includes accountability and program evaluation.

- **June 17, 2015**

**Resolution:** (MHB 2015-05) Be it resolved that the San Francisco Mental Health Board urges the Board of Supervisors and the Mayor to fund crisis intervention training for the San Francisco Sheriff's Department, which includes accountability and program evaluation.

### **MHB Follow Up 2012-2014 Southeast Sector/District 10 Focus**

The African American Healing Alliance (AAHA) was first envisioned at the Southeast Trauma Summit. Held in November 2012, a project of the Mental Health Board, the Summit was a convening of fifty providers, professionals, law enforcement and members of the San Francisco Department of Public Health. The goal was to gather the foremost experts working with victims, perpetrators, and survivors of community violence in District 10 to develop a systemic plan to effectively address the healing needs of residents. The purpose of the summit was to:

1. Identify best practices in response to trauma related to community violence in the Southeast.

2. Identify service providers within the Southeast Sector to provide healing and treatment for youth and families impacted by trauma related to community violence.
3. Ensure City funding is allocated to culturally competent providers within District 10 to provide treatment and healing services.

The primary function of the Alliance is to coordinate, develop and support collective health and human service efforts targeting African Americans in District 10 and beyond. Our goal is to unite and pool our collective experiences, knowledge, connections, resources and vision to study, identify, maintain and implement strategies to heal and advance the African American community.

A Collaborative Approach to Healing & Violence Prevention in District 10, the African American Healing Alliance (AAHA) is a coordinating body with the purpose of facilitating a comprehensive planning, development, and implementation process designed to realize a health based, community driven, community based, effective, and comprehensive trauma and community violence effort. The primary goal of this effort is to positively impact health disparities among African-American families, through the treatment and healing of trauma among African-American residents of San Francisco's Bayview Hunters Point and Visitation Valley communities (District 10).

#### **MHB AD HOC COMMITTEES:**

MHB Bylaws allow the Chair of the MHB to establish ad hoc committees to address specific issues. The committee can determine its own membership and selection of officers and must report the committee's activities to the Executive Committee and the full MHB at monthly meetings. At the Annual Mental Health Board Retreat in December 2014, the Board developed the following priorities with suggested focus in each area. Three committees were created to develop the presentations to the full board and other projects to respond to the priorities. In addition, a Program Review Committee was established to review and revise the process and the forms used for program reviews.

In FY 2014-15 the following committees were formed:

#### **Information and Access To Behavioral Health Services: Chaired by Vanae Tran**

- Evaluate Network of Care – information referral services
- How new consumers get access to care
- How new consumers find a peer support provider
- Barriers to accessing services
- How integration of mental health and substance abuse is working
- Special needs and special populations
- Impact of mental health parity legislation

#### **Chronic trauma as related to violence and youth and family Issues: Chaired by Terence Patterson and Adrian Williams.**

- Southeast Trauma Report: follow up, execution and expansion.
- Grief counseling for youth and family members
- What are the successful programs?
- Explore trauma citywide

- Trauma informed care related to children's mental health
- Police and provider collaboration regarding trauma
- Mental health first aid

### **Issues Concerning Incarcerated Mentally Ill: Chaired by Virginia Lewis**

- Indigent people and Issues
- Family member visiting
- Jail psychiatric housing and facility for men similar to that for women
- Re-entry housing and programs
- Senior issues

## **MENTAL HEALTH BOARD PRESENTATIONS:**

**July 2014**

**Discussion regarding the Mental Health Board duties and responsibilities.**

**Summary:** The board reflected back to the 2013 Board Retreat to prioritize topics both in depth and in breadth for the next three board meetings from September, October and November. The board decided to focus on the followings topics from September to November 2014: Psychiatric Emergency Services at San Francisco General Hospital, The Lanterman-Petris-Short Act (LPS Law) for Involuntary Commitment to a Psychiatric Facility and its implementation in San Francisco and an Overview of Jail Psychiatric Services and Behavioral Health Court graduate experience.

**September 2014**

**Psychiatric Emergency to a Bed in the Community; How does it Work? John Rouse, MD, Department of Psychiatry, Psychiatric Emergency Services, San Francisco General Hospital and Kelly Hiramoto, Director of Placement, Behavioral Health Services, Department of Public Health.**

**Summary:** Co-presenters shared how San Francisco provides psychiatric emergency services and an overview of the placement services for people leaving emergency care.

**October 2014**

**Overview of the Lanterman-Petris-Short Act (LPS Law) for Involuntary Commitment to a Psychiatric Facility and its implementation in San Francisco. Stephen R. Jaffe, Esq., The Jaffe Law Firm, Sgt. Kelly Kruger, San Francisco Police Department, Wendy James, Vice Chair, Mental Health Board.**

**Summary:** Three presenters provided various perspectives about LPS.

**November 2014**

**Jail Psychiatric Services, Tanya Mera, Director.**

**Summary:** Ms. Mera is from Jail Psychiatric Services (JPS) provided an overview of mental health services in the jails and how JPS works closely with Behavioral Health Court to divert clients with mental illness to community treatment programs to help clients stay out of the jail system and live their lives productively. Mr. Kenneth Cooper shared his Behavioral Health Court experience.

**January 2015**

**Trauma Informed System of Care, Ken Epstein, Ph D., Director of Children, Youth and Families, Community Behavioral Health Services.**

**Summary:** Dr. Epstein and Kaytie Speziale were co-presenters. He said that the Department of Public Health (DPH) Director, Barbara Garcia, mandated that the entire workforce become a trauma informed system. Dr. Epstein is directing that process. The training includes receptionists, maintenance workers to clinicians. Over 400 people collaborated in developing the principles of Trauma Informed Care. When a staff is interacting with a traumatized client, the response from the staff should not be “what is wrong with them” but, rather, “what has happened to them.

**February 2015**

**Public Hearing of the Assisted Outpatient Treatment Plan**

---

**Summary:** Public Hearing of the Assisted Outpatient Treatment Plan.

**March 2015**

**Specialty Courts in the San Francisco Court System, Armando Miranda, Deputy Public Defender.**

**Summary:** Mr. Miranda gave an overview of the specialty courts: Behavioral Health Court (BHC), Drug Court, Community Justice Court (CJC), Veterans Court and Parole Court.

**April 2015**

**District 10 Trauma Summit Follow Up, and Outreach and Recruitment for Graduate Programs Targeting Underserved Communities; Lena Miller, Executive Director, Hunter’s Point Family Services.**

**Summary:** Ms. Lena Miller was a former member of the Mental Health Board in the mental health professional seat, during which time she produced a Trauma Summit in District 10. It brought together community leaders, program directors, and city staff to develop strategies and goals for dealing with trauma in this community. She also brought her UC Berkeley intern Ms. Allensworth. They gave an overview of the work that has been done in the community since the report was produced.

**May 2015**

**Pathways and Barriers to Accessing Behavioral Health Services, Jo Robinson, CBHS Director, C.W. Johnson, Peer Advocate, Vanae Tran, Information and Access Committee Chair.**

**Summary:** Ms. Robinson gave an overview of accessing behavioral health services. C. W. Johnson discussed pathways and barriers in accessing behavioral health services. Ms. Tran provided

an update of the access and committee work.

**June 2015**

Housing and Support After Release from Jail, Ali Riker, Director of Programs, San Francisco Sheriff's Department (SFSD) and Crisis Mental Health Treatment at San Francisco General Hospital (SFGH) for Inmates, Dr. Katrina Peters, MD, Unit Chief for Unit 7L, SFGH

**Summary:** The presenters provided information about hospital treatment of mental ill inmates and housing and support services for people with mental illness when they are released from jail.

## MENTAL HEALTH SYSTEM CHANGES

The Director of Community Behavioral Health Systems, Ms. Jo Robinson, or her designee attend and report at each MHB meeting. Written and oral reports are presented at the start of each meeting, followed by MHB member comments and questions and the public in attendance is also given the opportunity to comment.

### Highlights from CBHS:

- **Mental Health Client Satisfaction**

The results from the Fall 2014 Mental Health Client Satisfaction surveys find that overall there are high levels of satisfaction among the clients surveyed. Overall results for the Youth and Family (YSS and YSS-F) surveys, and Adult and Older Adult (MHSIP) surveys are as follows:

	<u>Overall Satisfac-</u> <u>tion</u>	<u>Return Rate</u>
Youth and Family Sur- veys	92%	66%
Adult and Older Adult Surveys	89%	78%

- **Behavioral Health Court and Citywide Forensics' Supported Employment Program featured in SAMHSA Newsletter**

The June 2014 issue of the SAMHSA GAINS Center eNewsletter spotlighted the successes of San Francisco's Behavioral Health Court and the Citywide's Supported Employment Program. The article is copied below in full, and can be found at <http://gainscenter.samhsa.gov/eNews/june14.html>. San Francisco's [Behavioral Health Court](#) (BHC) was created in 2002 in response to the increasing numbers of mentally ill defendants cycling through the jails and courts. The mission of BHC is to enhance public safety and reduce recidivism of criminal defendants who suffer from serious mental illness by connecting them with community treatment services, and to find appropriate dispositions to the criminal charges by considering the defendant's mental illness and the seriousness of the offense. At any given time, there are approximately 140 defendants participating in BHC. Since its inception, 251 defendants have graduated from the program.

- **Community Program Planning best practices for MHSa-funded programs statewide**

In June, Diane Prentiss, Program Evaluator in the Office of Quality Management for CBHS, was invited to represent San Francisco at a discussion of Community Program Planning (CPP) best practices for Mental Health Services Act (MHSa)-funded programs statewide.

The purpose of the Promising Practices Summit was to discuss the results of the statewide evaluation of community planning practices and to identify promising practices in alignment with MHSA principles, and have the potential to lead to positive client and community outcomes. This highly participatory meeting helped identify and prioritize promising CPP practices to be included in guidelines, training, and technical assistance for counties and MHSA stakeholders. Other counties in attendance were: Los Angeles, Stanislaus, Modoc, Almador and San Bernadino. In addition, Mental Health Association of SF participated, as did members and advocates from other peer-led organizations (PEERS, Consumer Self Help).

- **LEGACY (Formerly CSOC)**

At The L.E.G.A.C.Y. Program (formally CSOC), we are expanding our Peer Mentorship Program. We now have three part-time youth mentors who are accepting referrals for new mentees. We are looking for youth between the ages 12-17 who are active CBHS consumers, in need of support with achieving mental wellness, identifying and accomplishing goals, and sustaining a positive, healthy lifestyle.

- **Substance Abuse Prevention Programs**

The Strengthening Families Program (SFP) is a nationally recognized, evidenced-based prevention program designed to address risk and protective factors that can lead to substance use and other problem behaviors in adolescents. The intervention consists of a 14 week (2 hours per session) curriculum that involves the entire family, encouraging participation by both parents and youth. SFP was chosen by CBHS for implementation as a substance abuse prevention program based on a data driven assessment conducted in 2010, and classes are offered in English, Spanish, and Chinese. Six providers are currently implementing the program: Bayview Hunters Point Foundation, Community Youth Center, Horizons Unlimited, the National Council on Alcoholism and other Drug Addictions, OMI/Excelsior Beacon Center, and the Samoan Community Development Center. Evaluation data associated with the 2012 - 2013 implementation of the SFP yielded statistically significant improvements for both parents and children of the 156 families served. In particular, the parent evaluation data was strongly supportive of SFP having a positive impact on participants regarding: improved parent attitudes and skills, improved parent-child interactions/reduced family conflict, increased parental efficacy, decreased parental depression, and reductions in the perceived frequency of negative child behaviors such as overt aggression, child depression, and shyness.

- **IASC: Interagency Service Collaborative**

The San Francisco Health Network and Human Services Agency (HSA) are collaborating to promote the health, safety, permanency and wellbeing of children, youth and families in, or at imminent risk, of placement in foster care. This will be accomplished by making fundamental changes to design a coordinated children's service system of care that is attachment-focused, resiliency-based, and trauma- informed. The intention is for these changes to lead to service system improvements that help to strengthen families and increase the number of children, who remain in their homes, are reunified with their parent(s), or permanently placed with families.

- **Healthy Living Groups**

Maintaining a healthy lifestyle is a goal and interest of many clients at our Behavioral Health Clinics, but can often be challenging if they don't know where to start. Several clinics, including Mission Mental Health, Ocean Merced Ingleside (OMI), and Chinatown North Beach, have started offering Health Living Groups to their clients. The purpose of these groups is to provide education about nutrition and diet, to ultimately, help clients develop new skills to implement healthy lifestyle choices.

The Healthy Living Groups are 8-week programs facilitated by several individuals, ranging from clinical pharmacists, pharmacy interns, and psychology interns. Each week, the session begins with a short group walk, followed by a discussion of topics related to nutrition and diet, some of which include: basic food groups, how to read nutrition labels, portion control, simple exercise techniques, goal setting, and staying motivated. In addition, clients are encouraged to log their diet and exercise for at least one day of each week.

- **Jail Health's Behavioral Health and Reentry Program Awarded Grant for Project MAPS**

Jail Health's Behavioral Health and Reentry program has been awarded a \$1,392,568.00 grant over 4 years for Project MAPS (Mentoring and Peer Support). The program will collaborate with and draw clients from three collaborative court programs - the Behavioral Health Court, the Drug Court, and the Veterans Justice Court. MAPS will employ, train and support a diverse peer team consisting of 1 full-time Lead Peer Mentor and 5 half-time Peer Mentors who will utilize evidence based practices to encourage, support, and foster treatment success and recidivism reduction among the members of its target population. The mentor team will be supervised and supported by a full-time MSW Level Project Coordinator who will provide ongoing mentor support and ensure that mentors are accessing and utilizing Supported Employment resources, including job training and ongoing mental health and/or substance use disorder counseling. Each peer mentor will be teamed with an average of 6 collaborative court clients at a time, with an average length of support of 6 months per client, although the relationship could last as long as 12-18 months. The project will serve a total of 252 individuals with co-occurring disorders who are leaving jail over a 42 implementation period from April 1, 2015 through September 30, 2018. The project will measure a range of key outcomes related to both clients and Peer Mentors, including client mental health status and substance use and Peer Mentor employment advancement. Through the MAPS project, Jail Health Services will explore the effectiveness of an ambitious peer support intervention which has the potential to serve as a national model for enhancing the quality and impact of collaborative court services by supporting criminally-involved men and women with co-occurring disorders as they cope with behavioral health issues and strive to attain stability and self-sufficiency.

- **RAMS (Richmond Area Multi Services) – i – Ability Program**

RAMS Hire-Ability is proud to announce that the i-Ability program's Desktop Training track has just graduated its third cohort on October 24, 2015. The trainees of Desktop Cohort 3 demonstrated a strong eagerness and aptitude for learning how to provide desktop support for a large organization, such as CBHS. Trainees learned how to conduct a full deployment, learning skills such as imaging drives, installing and managing network printers, and troubleshooting operating system and hardware issues.

- **Comprehensive Child Crisis Services**

The Comprehensive Crisis Services Team had a very busy October 2014. The Child Crisis team provided 73 crisis evaluations out in the field during October, including assessments at the CSU, at schools, hospital ERs, and in our CCS clinic. Our team showed dedication and commitment to the communities we serve and to one another, stepping up to provide excellent mental health care and help keep children and families safe and working toward overall wellness and recovery. They rose to the challenge of providing up to six crisis assessments in the field per day, with an average of just over 18 crisis evaluations per week. Our team continued to grow and evolve during the month. We engaged in open collaboration with the CBHS management team and Edge-wood staff in order to facilitate the refinement of processes, protocols and procedures to best utilize the CSU in order to help divert children and adolescents under 18 years old from an inpatient psychiatric hospitalization when appropriate. I continue to admire our team members' dedication, flexibility, hard work and patience in providing comprehensive mental health care with a focus on the overall health and wellness of the children and families in San Francisco.

- **Enrollment into Expansion Medi-Cal of Clients of CMHS**

Via a state Medi-Cal Outreach & Enrollment grant (AB 82) received by San Francisco county to enroll vulnerable individuals into health coverage, CBHS, in collaboration with San Francisco Human Services Agency (HSA) and Richmond Area Multi-Services (RAMS), embarked on a two-year project (2014 to 2016) to conduct outreach, education and enrollment assistance to uninsured clients at high-volume CBHS civil-service operated and contracted, substance abuse and mental health treatment programs.

RAMS is contracted to hire four Peer Navigators trained by HSA to assist eligible uninsured CBHS clients enroll into Medi-Cal health coverage at CBHS service delivery sites. These peer navigators are equipped with laptops with internet access and portable scanners, and granted certified access into HSA's *mybenefitscalwin* internet site, to enroll CBHS clients into Medi-Cal. The peer navigators will also help clients retain their Medi-Cal coverage during annual renewals. RAMS is a CBHS contractor that will assist CBHS in meeting its system-wide goal of assisting all clients to obtain health insurance, by rotating office hours through selected CBHS programs with high volume of uninsured clients.

- **Mission A.C.T. and Wellness and Recovery**

The Mission A.C.T. (MACT) team just completed a 14 months of restructuring services to incorporate wellness and recovery approaches to helping its member's lead better more productive lives. They participated in a series of teleconferences and trainings with California Institute of Behavioral Health's Advanced Recovery Collaborative. The collaborative seeks to build hope and belief in recovery by consumers as well as staff. Mission A.C.T. developed the following charter: "We aim to cultivate independence and improve the quality of life of MACT members. We will do so by utilizing a recovery-oriented approach in which members will define their own recovery. We will implement a strengths based approach where members design treatment goals that are meaningful to them. Overall, the goals are to move members towards independence, create and maintain stable community connections, and decrease dependence on crisis services."

- **Two CBHS staff to advise UCSD on Evaluation Recovery Orientation of Counties**

Gloria Frederico, MFT, and Diane Prentiss, MA MPH, attended in February, the first meeting of a statewide advisory workgroup focused on Recovery Oriented practices in mental health services. Transforming mental health services to be more recovery oriented is a primary objective of the Mental Health Services Act (MHSA – Proposition 63), which was enacted ten years ago. The Mental Health Services Oversight and Accountability Commission (MHSOAC) contracted with UC San Diego to conduct evaluation research into how effectively Recovery practices are being implemented in California counties. The contractors will begin with "A National Framework for Recovery-oriented Mental Health Services" developed by the Australian Health Ministers' Advisory Council. They will work to build consensus about definitions and measures of Recovery through the Recovery Orientation Advisory Group, which includes stakeholders from several counties. Ms. Frederico was recently hired as the Wellness and Recovery Coordinator for CBHS and collaborates on many projects with Ms. Prentiss, the lead MHSA Evaluator for CBHS.

- **SAMHSA and CalMHSA**

Opening Soon. Rosa Parks II Senior Housing is a planned senior housing building, developed by a partnership that includes the Mayor's Office of Housing, the Department of Public Health, and the Tenderloin Neighborhood Development Corporation (TNDC). Rosa Parks II will be part of San Francisco's response to the needs of homeless older adults with serious mental illness. The newly constructed development will provide 3 units of supportive housing for the MHSA older adult population within a 98 unit supportive housing building. The services available on-site will be closely coordinated with MHSA wrap-around services available through the Older Adult Full Service Partnership. TNDC has partnered with Bethel AME Church, a long-standing stakeholder and advocate in the Western Addition, to play a key role in community outreach, identifying needs, marketing and developing the ongoing services and community connections for the project.

Mercy Housing and Bernal Heights Neighborhood Center have completed construction and are reviewing applications for 1100 Ocean Avenue. More than one-third of the 71 units will be set aside for Transition Aged Youth, (six youth are MHSA clients), with the remainder of the units dedicated to families earning up to 50 percent of the local area median income. It includes offices for property management and resident social services, a common room for after-school programs and other activities, a multi-purpose room for youth residents, laundry facilities, a small exercise room for residents, and an outdoor play area for children living in the building. The Department of Public Health will provide ongoing Full Services Partnerships and has collaborated with the Human Services Agency to contract with First Place for Youth to provide on-site services for all the TAY residents.

- **Jail Behavioral Health and Reentry Services (JBHRS) - Mentoring and Peer Support (MAPS) Project**

As was announced in a previous Director's report, Jail Behavioral Health and Reentry Services (JBHRS) was awarded a \$1,392,568.00 grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) for our proposed Mentoring and Peer Support (MAPS) Project in October of 2014. After many months of preparatory efforts, we anticipate receiving authorization to accept and expend soon. The grant monies from SAMHSA, which will be distributed over a 4-year period will fund the implementation of an innovative collaborative enhancement project designed to significantly expand the availability of peer mentoring and support services for clients with co-occurring disorders within three separate courts within the San Francisco Collabora-

tive Courts system: the Behavioral Health Court; the Drug Court; and the Veterans Justice Court. The program will focus exclusively on substance using clients with severe and persistent mental illness who are exiting the jail system, and will offer critical and much-needed peer support as clients undergo treatment, work to stabilize their lives, and strive to reintegrate themselves into the community. The program will further enhance collaboration between the courts, the criminal justice system, and public and private treatment and recovery providers while incorporating a greater understanding of the complex behavioral health needs and issues that frequently underlie involvement in the criminal justice system. The overarching goal of the program is to significantly enhance client outcomes in regard to substance use, mental health issues, employment, housing, and criminal justice recidivism while offering opportunities for participating peer mentors to receive job experience and training and to move on to successful careers following the conclusion of the program.

- **Hummingbird Place – Peer Respite Now Open**

The Hummingbird Place opened on April 20, 2015. A Peer Psychiatric Respite, day Program available 11 AM—7 PM. Currently it is a closed referral process only. Located at 887 Potrero (East End-in the space previously occupied by Seneca), Hummingbird Place will provide respite to clients in need of a safe space to rest and consider healthy options. Staffed by Peers and CNAs, clients can come and engage in onsite activities, talk to Peers or just relax. The program is designed to work with individuals who are not quite ready to engage in treatment, or are in need of a safe space to go to instead of seeking out urgent/emergent care.

## **MENTAL HEALTH SYSTEM STRENGTHS/NEEDS/RECOMMENDATIONS**

### **STRENGTHS:**

The San Francisco Community Behavioral Health System (CBHS) offers a diverse array of services of which approximately half are operated by private community based organizations (CBO). It is a system dedicated to providing high quality, culturally and age appropriate services, trauma informed, in the least restrictive environment. For the past few years CBHS has been in the process of shifting to a “recovery oriented” system and increasing the utilization of peers in their programs. Intensive efforts are made to hire and contract with diverse staff to meet the cultural needs of the population. The proposed budget for FY 2015-16 is \$332,292,089

The San Francisco Mental Health Services Act (MHSA) Integrated Plan FY 15/16, developed through a community planning process, addresses wellness and recovery oriented treatment services, early intervention, peer-to-peer, vocation services, housing, workforce development and information technology. The projected budget for FY 15/16 is \$31,762,636. MHSA staff are highly dedicated to providing quality services and have developed an impressive array of innovative services.

### **NEEDS AND RECOMMENDATIONS:**

- Affordable housing with supportive services for people with mental health issues.
- Behavioral Health Information Kiosks at the main San Francisco Public Library with computers and staffed by consumers to assist people in finding out information about mental health and substance abuse and how to access services, with signage and a desk near the information desk. Signage might also be in the restrooms.
- Educational forums about behavioral health issues and resources at the libraries.
- Enhance the Department of Public Health website so that behavioral health services are easier to locate.
- Increase outreach and education about available services such as billboards, street outreach and increase in access points.
- Grant access to services based on needs of the consumer rather than at the convenience of the providers.
- Respect for different skill sets for consumers.
- Increase art therapy groups.
- Music therapy groups.

### **MHB PROGRAM REVIEWS/SITE VISITS**

Site visits were made to five programs during FY 2014-2015. The purpose of these program reviews is to supplement the reviews of programs by CBHS by in-person interviews by Mental Health Board members to help identify a range of experiences and feelings by consumers, providing a unique perspective about how clients feel about their treatment. Interviews with consumers and staff help identify mental health program and system needs and concerns. The program visit is set up in advance by MHB staff. MHB members, either alone or in a group, visit the site, talk to key personnel and interview clients served by the program. Upon completion of a review, a summary report, describing strengths and needs, is completed and sent to the CBHS Director and the director of the program reviewed. This year the MHB decided to report program reviews to the entire MHB during a regularly scheduled meeting. The following Program Reviews were completed in FY 2014-2015:

- **Horizons**

This program serves youth coming out of the juvenile justice system. It was reviewed due to concerns expressed by former staff of the program. The reviewers were not able to find programmatic violations although the director did not make it possible for many youth to be interviewed. The board learned that the Horizons Board of Directors let the executive director go due to problems they uncovered.

- **San Francisco General Hospital Inpatient Psychiatric Wards**

Patients stay from 72 hours for stabilization to a couple of weeks before being discharged. Patients seem to be generally satisfied and the atmosphere is calm and organized. The director indicated that there are increasing numbers of elderly people entering the hospital so it was recommended that plans be developed for managing care and discharge plans for seniors with dementia.

- **Mental Health Association San Francisco**

The program provides many support programs such as hoarding and cluttering support and a Warm Line. There is also a speakers bureau called the Solve Program. The review indicated concerns as to whether the program was doing sufficient outreach in the areas designated in its contract. There was also concern regarding sufficient support and integration of peer staff.

- **Swords to Plowshares**

The program serves veterans, providing counseling, support groups and case management. Strong, effective and caring staff. It would be great if their staffing numbers could be increased so they could serve more veterans.

- **Mission Mental Health Clinic**

The Mission Mental Health Clinic (MMH) offers an array of outpatient behavioral health services to 1,200 adults including: assessments, individual therapy, case management, medications, and group treatment. It was suggested that the program consider offering WRAP training more often to clients and integrate the use of trained volunteers.

- **Health Right 360**

HealthRIGHT 360 is a family of programs that includes Walden House, Haight Ashbury Free Clinics, Asian American Recovery Services, Women's Recovery Association, North County Serenity House, Lyon-Martin Health Services and Rock Medicine. It provides services to over 3,500 people each day in 45 culturally responsive behavioral health care programs located in six California counties, including primary medical care to San Francisco residents who are uninsured or underinsured. Clients interviewed were exceptionally pleased with the services received and had few suggestions for improvement.

- **Family Service Agency of San Francisco**

The Family Service Agency of San Francisco provides mental health services for children, transitional age youth, adults and older adults. The staff are very dedicated. It was suggested that it would be good to foster better communications among referring agencies and divisions of the programs.